

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FUTURE IN AMERICA INC.		FEC IDENTIFICATION NUMBER ▼ C C00596973	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee Strategic Media 21			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> 11 / 07 / 2016		
Mailing Address 1825 Hamilton Ave			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">10000.00</div>		
City San Jose	State CA	Zip Code 95125	Transaction ID : SE.4284		
Purpose of Expenditure Ad creation and purchase of paid social media ads running 11/7 - 11/8		Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> 11 / 07 / 2016		
Name of Federal Candidate TRUMP, DONALD J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">1112749.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		

Full Name of Payee			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>		
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"></div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;">10000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;">10000.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Murphy, John, ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

11 / 07 / 2016

Signature